

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002298

**Entity Name:** SYNDICATED SERVICES, INC.

**Current Principal Place of Business:**

11220 ELM LN  
SUITE 200, PMB #246  
CHARLOTTE, NC 28277

**Current Mailing Address:**

3408 SOUTH ATLANTIC AVE  
BOX 129  
DAYTONA BEACH, FL 32118 US

**FEI Number:** 45-1345882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAGLIA, JAMES  
9169 LATIMER ROAD E.  
JACKSONVILLE, FL 32257 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C/P  
Name BELL, TRACY  
Address 3408 SOUTH ATLANTIC AVE  
BOX 129  
City-State-Zip: DAYTONA BEACH FL 32118

Title S/T  
Name BELL, TRACY  
Address 3408 SOUTH ATLANTIC AVE  
BOX 129  
City-State-Zip: DAYTONA BEACH FL 32118

Title VCVF  
Name TAGLIA, JAMES  
Address 9169 LATIMER ROAD E.  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name BELL, DAVID  
Address 3408 SOUTH ATLANTIC AVE  
BOX 129  
City-State-Zip: DAYTONA BEACH FL 32118

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY A BELL

**PRESIDENT**

**04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date